



**COUNTY OF SIERRA
BOARD OF EQUALIZATION**
100 Courthouse Square, Room 11
PO Drawer D
Downieville, CA 95936

SIERRA COUNTY PROPERTY TAX CLAIM FOR REFUND

Step 1: Requestor's name and address	Requestor's name				
	Present mailing address (number and street)				
	City, town or post office, state, ZIP code				Phone (area code and number)
Step 2: Describe the property	Owner's name				
	Assessor's Identification Number (Map book - Page - Parcel)			Unsecured Bill Number	
	Year	Acreage		Tax Rate Area	
	Situs address (number and street)				
	City, town or post office, state, ZIP code				
Step 3: Did you file an appeal with the Assessment Appeals Board?	If yes, what is the assessment appeal application number?	Filing date	Did you receive a Notice of Board Action?	If yes, when?	NOTE: If you designated your Assessment Appeal Application as a Claim for refund there is no need to file this application.
Step 4: Describe reason for property tax refund Attach additional documents if necessary	Reason:				
Step 5: Amount of property tax refund	Tax amount	Penalty amount	Redemption penalty amount	Cost amount	Total refund amount
				Fee amount	
Step 6: Sign the application	I hereby certify and declare under penalty of perjury that the foregoing is true and correct that the tax year amount sought to be refunded was paid within four years prior to filing this demand; that the amounts herein claimed are correct and no part thereof has herefore been refunded to this claimant or to any other person for his benefit; and, if acting on behalf of a corporation, that I am duly authorized to act on their behalf, and that the title shown is true and correct.				
	sign here →				Date
	Title (If applicable)				
	If this claim is for a company, the person signing must state their title. Title (If applicable)				
Step 7: Mail application to:	Sierra County Board of Equalization PO Drawer D Downieville, CA 95936				
Contact Numbers	Customer Service: (530) 289-3295 FAX: (530) 289-2830				

INSTRUCTIONS FOR FILING APPLICATION

CLAIM FOR REFUND

This claim is to request a refund for "paid" property taxes and/or penalties. This form must be filed with the Clerk-Recorder within four years of the date of payment of the property taxes. Should you have any questions, please call (530) 289-3295 or email Clerk-Recorder@SierraCounty.ws.

Note: Please complete application completely and accurately; incomplete applications will be returned.

1. **Requestor's name and address** - Provide the name of the taxpayer who is requesting the property tax refund, their complete mailing address and their telephone number.
2. **Describe the property** - Provide the owner's name, the Assessor's Identification Number or Bill number, the year for which you are claiming the property tax refund, the Tax Rate Area, the acreage and the complete situs address. This information can be found on your Property Tax Bill.
3. **Assessment Appeal** - If your claim for refund is related to an assessment appeal or if your assessment appeal application was designated as a "Claim for Refund" please provide the information related to the assessment appeal and attach copies of the documents you may have received from the Assessment Appeals Board pertaining to the appeal. **Note: If you designated your assessment appeal application as a 'Claim for Refund'; there is no need to file again.**
4. **Describe the reason for the property tax refund request** - Provide a brief narrative of the reason why you are requesting a property tax refund. Attach additional documents to this form if necessary. Providing proof of payment for the relevant property taxes will expedite the property tax refund claim process. **Note - Please provide all relevant documents.**
5. **Amount of property tax refund** - Indicate the refund amount you are claiming.
6. **Sign the application** - The application must be signed and dated by the requestor. If the requestor is filing on behalf of a company, they must state their title.

7. **Mail or Fax application to:**

**County of Sierra
Board of Equalization
PO Drawer D
Downieville, CA 95936**

FAX – (530) 289-2830

PLEASE FAX OR MAIL YOUR APPLICATION. DO NOT DO BOTH AS THIS WILL DELAY THE PROCESSING OF YOUR CLAIM.

TO REQUEST A CONFIRMATION OF RECEIPT OF YOUR CLAIM FOR REFUND, PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE.